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AMERICAN
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FILE: ■Anxiety

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RE: Herbal and Dietary Supplements Used for Anxiety Disorders

Saeed SA, Bloch RM, Antonacci DJ. Herbal and dietary supplements for treatment of anxiety disorders. *Am Fam Physician*. 2007;76:549-556.

This article reviews therapies with clinical trial evidence of effectiveness for treating anxiety disorders. Studies and information were obtained from <http://www.revolutionhealth.com/drugs-treatments>, http://www.healthyplace.com/Communities/Anxiety/treatment/alternative_treatment.asp, and <http://www.naturaldatabase.com>. Medline was used to search for clinical trials, guidelines, and meta-analyses.

The supplements were divided into three groups: herbal supplements, nutritional supplements, and neurotransmitter and hormonal precursors. There were 32 herbal supplements, 13 nutritional supplements, and 12 neurotransmitter and hormonal precursors with no clinical trial evidence for efficacy in anxiety disorders. The following is a summary of the supplements with clinical efficacy.

Herbal Supplements

Kava (Piper methysticum)

The authors state that there is substantial evidence that kava has a positive effect on anxiety disorders with short-term use. There is no evidence supporting long-term efficacy or safety. They conclude that when used short-term the benefits outweigh the risks.

St John's wort (SJW, Hypericum perforatum)

SJW is typically used to treat depression. According to the authors, the evidence supporting its use for anxiety disorders is weak. No placebo-controlled, randomized, double-blind trials have shown SJW to be effective in treating generalized anxiety disorder, post-traumatic stress disorder, obsessive-compulsive disorder (OCD), or phobias. They state that more rigorous studies are needed before SJW can be recommended for anxiety disorders.

Sympathyl® (Hawthorn [*Crataegus laevigata* syn. *C. oxyacantha*] and California poppy [*Eschscholzia californica*] product)

Sympathyl (Laboratoire Innotech International, Arcueil, France) had a very small but positive effect on anxiety. The product also contains magnesium. No clinical trials suggest that any of the individual components reduce anxiety in patients with anxiety disorders. Additional studies are needed to confirm the effect.

Valerian (*Valeriana officinalis*)

Valerian is often cited as having anxiolytic effects and it has been used for centuries to treat nervousness. Nonetheless, there are only two small trials involving valerian, which according to the authors do not provide clear indications of effectiveness. The authors conclude that "There is no clinical evidence of an anxiolytic effect of valerian when compared with placebo in patients with anxiety disorder."

Passionflower (*Passifora incarnata*)

Only one clinical trial has been published on passionflower. The study had an active comparator but no placebo. The authors state that it is unclear whether the positive benefit was a true effect or an artifact.

Nutritional Supplements

Inositol

Inositol is part of the vitamin B complex and it is an intracellular second messenger. The authors report that inositol appears to have a positive effect on patients with panic disorder; however, its effect on patients with obsessive compulsive disorder is not clear. The authors suggest that physicians should inform patients that the data suggests partial responses with a side-effect profile that may be comparable with that of drugs in the selective serotonin reuptake inhibitor (SSRI) drug class.

Neurotransmitter or Hormonal Precursors

5-hydroxytryptophan

Among the precursor preparations, only 5-hydroxytryptophan displayed clinical effectiveness. Although there is some indication that 5-hydroxytryptophan can reduce anxiety symptoms, the authors believe that the evidence is weak. Moreover, 5-hydroxytryptophan can cause eosinophilia-myalgia syndrome, an adverse side effect. The authors conclude that the risk/benefit ratio does not favor physician support of patients using 5-hydroxytryptophan.

Overall the authors conclude that physicians should discourage use of popular supplements with little clinical therapeutic value for anxiety in favor of more effective treatments.

—Heather S. Oliff, PhD

The American Botanical Council has chosen not to reprint the original article.

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